



## HEARING AID DISPENSERS BUREAU

P.O. Box 980490, W. Sacramento, CA 95857-0490  
 Telephone: (916) 327-3433 Fax: (916) 445-1696



### TRAINEE LICENSE APPLICATION ADDENDUM

Instructions: Complete and sign this addendum if you are applying for a trainee license. Keep a photocopy for your records. **Please Print Clearly.**

|                            |                   |       |                                       |                            |     |
|----------------------------|-------------------|-------|---------------------------------------|----------------------------|-----|
| 1. Name:                   | Last              | First | M.I.                                  | 2. Home Telephone<br>(   ) |     |
| 3. Home Address:           | Number and Street |       | City                                  | State                      | Zip |
| 4. Social Security Number: |                   |       | 5. Birthdate:                         |                            |     |
| 6. Name of Supervisor      |                   |       | 6. Hearing Aid Dispenser License No.: |                            |     |

Anyone issued a trainee license by the Department of Consumer Affairs Hearing Aid Dispensers Bureau should be aware of the following regulations and policies:

- Withholding information requested on a license application is grounds for license denial or revocation.
- As a trainee, you may work only under the supervision of the licensed dispenser who has been designated as your supervisor.
- Your trainee license is valid only while you are employed and trained by your designated supervisor. **You may not transfer your trainee license to another supervisor or location without prior approval by the hearing aid dispensers bureau**
- As a trainee, you may not hold yourself out to the public as an expert, a specialist in the field of hearing aid dispensing, or a licensed hearing aid dispenser.
- You must take the license examination within the first ten (10) months after your trainee license is issued. Failure to take the license examination within that time period will result in expiration of your trainee license. Once this occurs, it cannot be renewed until you take the license examination.
- The trainee license enables you to fit and sell hearing aids under supervision for a period of six months from its date of issue and may be renewed twice for a maximum of 18 months.

#### **Certification**

*I, the undersigned, certify under penalty of perjury under the laws of the State of California that I have read the above statements and agree to abide by them.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Information Collection and Access**

The information in this application is mandatory and is maintained in accordance with the Business & Professions Code, Title 16, Division 2, Chapter 7.5, Section 3500 et seq. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete. Each individual has the right to review the files or records maintained on him/her by this agency subject to the provisions of the Information Practices Act except for those records that are exempt from disclosure.

### **Social Security Disclosure**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.